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ABSTRACT

This booklet provides an overview of alcohol and other drug abuse prevention, disability, and the relationship between the two issues. It cites the incidence of alcohol and other drug abuse among people with disabilities. It looks at alcohol and other drug abuse risk factors that are disability related, such as medication use, chronic pain, increased stress, adjustment problems, fewer social supports, isolation, unemployment, financial concerns, and limited access to drug abuse education. The booklet separates myths from facts and outlines prevention strategies. Prevention strategies include providing information, developing critical life skills, creating alternatives to drug abuse, involving and training impactors, and influencing policy. (JDD)

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Understanding a need . . .

Alcohol and Other Drug Abuse Prevention for People with Disabilities

Resource Center on Substance Abuse Prevention and Disability

EC 302175

This booklet was produced by VSA Educational Services, Resource Center on Substance Abuse Prevention and Disability. VSA Educational Services is a for profit independent affiliate of Very Special Arts which works in partnership with a network of professional organizations to create quality programming, products, and services for people with disabilities as well as the individuals and organizations involved with the disability community.

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INTRODUCTION

This booklet was developed to provide the reader with an introduction to an important issue — alcohol and other drug abuse prevention and disability. Those in the alcohol and other drug abuse field, as well as people in the disability and rehabilitation fields will find it useful as they begin to contemplate and address the need for prevention services for people with disabilities.

This issue is emerging because it has become increasingly apparent that the incidence of alcohol and other drug abuse among people with certain disabilities is above the national average for the general population, which is estimated at 8 to 10 percent. Studies indicate that alcohol and other drug abuse rates for people with disabilities may range from 15 to 30 percent of all people with disabilities.

This booklet is designed to provide the reader with an overview of alcohol and other drug abuse prevention, disability, and the relationship between the two issues. It looks at the alcohol and other drug abuse risk factors which are disability related, separates myths from facts, and then outlines prevention strategies.

WHO ARE THE 43 MILLION AMERICANS WITH DISABILITIES?

In the "Findings and Purposes" of the Americans with Disabilities Act (ADA) of 1990, Congress reported that approximately 43 million Americans have one or more physical or mental disabilities. This number is increasing as the population grows older and as medical advances allow people to live longer after serious injury.

A DEFINITION OF DISABILITY

The ADA defines a person with a disability as anyone who either:

1. has a physical and/or mental impairment that substantially limits one or more major life activities; or,
2. has a record of such an impairment; or,
3. is regarded by others as having such an impairment.

The disability community is the largest and most diverse minority group in the U.S. Disability is an equal opportunity phenomenon, affecting every racial and economic segment of our population. The ADA refers to people with disabilities as:

- a discrete and insular minority;
- subjected to a history of purposeful, unequal treatment; and
- relegated to an inferior status in our society.

The ADA Report outlines the severe discriminatory practices facing people with disabilities. These include:

- outright intentional exclusion;
- overprotective rules and policies;
- segregation or relegation to lesser services or programs;
- exclusionary standards; and
- architectural, transportation, and communication barriers.

It is easy to see how these issues might correlate to the factors which place a person at-risk for alcohol and other drug abuse—just as similar civil rights issues help to account for the higher risk experienced by other minorities in our society.

Attitudinal and architectural barriers to prevention and recovery for people with disabilities is oppression. Just as African-Americans were relegated to the back of the bus, people with disabilities were, until the Americans with Disabilities Act, legally kept off the bus.

Anthony Tusler, President
Institute on Alcohol, Drugs
and Disability, California

RISK FACTORS FOR PEOPLE WITH DISABILITIES

Individuals or groups of individuals are considered at-risk when a particular circumstance or set of interwoven circumstances make them more vulnerable to alcohol and other drug abuse. Clearly, people with disabilities may abuse alcohol and other drugs for all the same reasons as their non-disabled peers. However, there are a number of other reasons directly related to the disability which might contribute to the increased risk for alcohol and other drug abuse among people with disabilities.

These risk factors can be divided into five categories — health and medical, psychological, social, economic, and access. These include:

Health and Medical

Medication Use: People with disabilities often use medications over extended periods of time. Some disability-related conditions require two or more concurrently prescribed medications. Those who use prescribed medication require specialized information on how those drugs influence behavior or interact with other drugs such as alcohol. Disabilities as diverse as arthritis, epilepsy, and cystic fibrosis may place a person at-risk for problems related to medication use.

Health Concerns or Chronic Pain: The special medical conditions associated with some disabilities can decrease tolerance for alcohol and other drugs. The problems associated with decreased tolerance include dangerous levels of intoxication, especially when medications are combined with alcohol. There may be a corresponding increase in risk for accidents from alcohol and other drug misuse due to pre-existing balance, mobility, or vision impairments. Also, people who experience chronic pain or discomfort are far more likely to either become depen-

dent on prescribed medications or use other drugs such as alcohol to attempt to achieve temporary release from the discomfort.

Psychological

Enabling of Alcohol and Other Drug Use: Family, friends, and professionals may inadvertently encourage people with disabilities to misuse alcohol and other drugs. Enabling may be motivated by misplaced feelings of compassion, guilt, frustration, or camaraderie.

Increased Stress on Family Life: With the onset of a disability, a family may experience additional expenses, difficult adjustments to daily routines, and reduced income due to loss of a job. Such factors significantly increase stress that can lead to unhealthy alcohol and other drug-related behaviors.

Adjustment to Disability: The negative reactions to a disability can include shock, denial, anger, depression, resentment, guilt, and embarrassment. An unhealthy coping strategy for any of these feelings can be alcohol and other drug abuse.

Social

Peer Group Differences: People with disabilities, especially those who acquired the disability before adulthood, may have less opportunity for association with peer groups. These social limitations can result in gravitation to peer groups that tolerate abuse of alcohol or other drugs. This also means that people with disabilities may be more vulnerable to alcohol and other drug abuse through peer pressure due to a lack of social experience or a need for acceptance.

Fewer Social Supports: People who experience disabilities tend to have fewer social outlets and have related problems with excess free time. Both of these conditions contribute to alcohol and other drug abuse risk. When a person has fewer social options, it can be difficult to change friends in order to avoid negative influences.

Isolation: Lack of transportation, recreational, or social opportunities frequently isolate people with disabilities from others. This can lead to depression and poor self esteem, both of which can contribute to alcohol and other drug abuse.

Economic and Employment

Underemployment or Unemployment: According to recent data from the Bureau of Labor Statistics, two-thirds of all people with disabilities who are of working age are unemployed, even though 66 percent of these people say they want to work. Of those who are employed, only 25 percent work full time.

Financial Concerns: People with disabilities often face major medical bills and related costs, creating financial anxieties and stress.

Access

Lack of Access to Alcohol and Other Drug Resources and Services: People with disabilities frequently encounter limited access to alcohol and other drug abuse materials or programs. Consideration must be given to different learning styles, cognitive or sensory limitations, as well as to the physical access issues. This and other similar access problems are critical, considering the alcohol and other drug abuse risks for people with disabilities that have been identified.

MYTHS & FACTS

MYTH: People with disabilities do not have ready access to alcohol and other drugs.

FACT: Within our society, virtually everyone has access to alcohol and other drugs. This is especially true for people who may be more susceptible to peer pressure or those who may already receive habit-forming prescription drugs. When people with disabilities are perceived as "naive" or socially innocent, there are sometimes greater opportunities for them to abuse drugs without being confronted.

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MYTH: People with disabilities are "entitled" to use alcohol or other drugs in order to assist with social interactions or physical pain.

FACT: A number of people with disabilities face challenges when attempting to establish and maintain an active social life. Although involvement in activities such as drinking may appear to be helpful in this regard, the risks associated with "social use" may not be readily apparent. These risks include medication side effects, a lower tolerance for alcohol, less experience in controlling consumption, and fewer social consequences which would limit episodes of abuse.

■

MYTH: A person with a disability is not likely to become alcohol and other drug dependent.

FACT: Anyone can become alcohol and other drug dependent, but some people are at higher risk than others. The factors which increase risk include a family

history of heavy use, chronic stress or mental health problems, environmental and cultural exposure to heavy use, peer pressure, and even biological conditions which increase the predisposition for abuse. Another identified risk factor for alcohol and other drug dependency is the presence of a disability. If an individual of legal age experiences a disability, this does not mean that he or she should not be allowed to consume alcohol. However, it is important that the individual understand the risks for dependency which may be increased by the disability.

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MYTH: People with disabilities prefer to work with alcohol and other drug abuse prevention personnel who are disabled.

FACT: People with disabilities seek services from professionals who are the most qualified in their areas in terms of training, experience, knowledge of resources, and willingness to work with disability issues.

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MYTH: People with disabilities prefer separate programs and services.

FACT: Most people with disabilities do not want or need separate programs which often limit opportunities and perpetuate segregation and the myth of "differentness." Besides, the ADA expressly prohibits the provision of separate services "unless such action is necessary to provide a service that is as effective as that provided to others."

WHAT IS PREVENTION?

Prevention can be defined as a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The comprehensive approach sees alcohol and other drug abuse prevention as a continuum ranging from:

- primary prevention, stopping the problem before it starts, to
- secondary prevention, early detection, and remedial action, to
- tertiary prevention, treatment, and aftercare.

Effective prevention strategies begin with an understanding of the many reasons why people use alcohol and other drugs. Historically, searches for explanations focused on the individual. Later investigators observed that immediate environments are not all alike and that certain outside conditions might make a person more or less likely to abuse alcohol and other drugs. In the 1980s, they took a closer look at more global environmental influences relating to lives in general. The 1990s will see a continued emphasis on a comprehensive community systems approach to prevention.

Researchers and prevention specialists have analyzed the many factors within families, schools, peer groups, and communities that either contribute to or deter the use of alcohol and other drugs. The former are called risk factors and the latter, protective factors. These protective factors are the foundation for alcohol and other drug abuse prevention strategies.

PREVENTION STRATEGIES

Whether you are a family member, counselor, educator, administrator, or member of the disability or alcohol and other drug service communities, it is important to understand effective prevention strategies. There are five basic strategies which have been identified as the foundation for effective alcohol and other drug abuse prevention efforts. These strategies can be effective for people with disabilities and should be integrated in all phases of a person's life. They are as follows:

1. Providing Information

Design activities or materials to increase awareness and knowledge about appropriate prevention and treatment strategies and services for people with disabilities including information on the nature of alcohol and other drug abuse interactions with prescribed medications. In many cases, existing alcohol and other drug abuse prevention materials require modification if they are to be appropriate for people with disabilities and their families.

2. Skill Building

Assist people with disabilities in developing and improving their critical life skills, such as decision making, coping with stress, problem solving, interpersonal communication, planning and goal setting, assertiveness, humor, and parenting. These ongoing programs can be incorporated into existing services provided by the independent living centers, rehabilitation programs, or in educational systems.

3. Creating and Providing Alternatives

Create or provide challenging, positive experiences in which people with disabilities can develop self-discipline, confidence, personal and social awareness. These activities can include recreational opportunities, clubs, leadership camps, urban or rural exploration activities,

community involvement, volunteering, etc. These activities need to assist in the development of socialization skills which do not rely on alcohol and other drugs.

4. Involving and Training Impactors

Assist leaders of the disability community in examining their own attitudes toward alcohol and other drug use and users, identify how these attitudes affect the way they respond to the using behavior, and identify their role in a comprehensive community-based prevention support system.

In addition, community prevention leaders can benefit from disability awareness training. They will need assistance in exploring their attitudes toward people with disabilities as well as in developing their knowledge of disability-related issues.

People in general do not view someone with a disability as being at-risk for problems from alcohol and other drugs, and parents or other family members frequently share this point of view. Families may overprotect or shelter their children with disabilities in an attempt to isolate them from knowledge about alcohol and other drugs. Such strategies work for only a limited time.

5. Influencing Policy

Set program direction, establish boundaries for acceptable behavior by providing clear and consistent messages, in order to ultimately impact social norms and values. There should be consequences for alcohol and other drug abuse, including inplementation of intervention and referral procedures. Alcohol and other drug prevention must be addressed in all systems and at all levels of an organization, agency, or community to include people with disabilities.

WHERE DO YOU GO FROM HERE?

In order for prevention efforts to have long-term success, a variety of resources and linkages need to be identified and developed. Local networking is an integral part of prevention programming. Since alcohol and other drug abuse is multi-causal in nature, a multi-disciplinary, multi-cultural, community-based team approach is necessary.

Presently, most of the responsibility for prevention and intervention in alcohol and other drug abuse is carried out by voluntary health care groups, the school, and the nuclear family. Yet, people in positions to assist in organizing or supporting comprehensive prevention activities exist throughout the community. They include:

- members of community task forces;
- prevention specialists;
- service planners;
- business and religious leaders;
- educators; and
- health care professionals.

One person can make a difference. People with disabilities and those who work with them can benefit from contacting the alcohol and other drug prevention system in existence in their community. These systems may be located in:

- local government agencies;
- nonprofit health, religious or youth organizations; or
- school systems.

On the other hand, one of the critical elements that comprise a solid community prevention system is inclusion and meeting the needs of people with disabilities. Those working in prevention can enhance their

work by networking with the organizations, agencies, and people addressing disability issues in that community. These may be located by contacting:

- mayor's committees addressing disability;
- local and state government agencies;
- local chapters of consumer or advocacy organizations;
- independent living centers; or
- rehabilitation agencies.

If you need more information before taking action, you can contact the **Resource Center on Substance Abuse Prevention and Disability.** The Resource Center can provide up-to-date information about programs, resource people, reference materials, and research in this area.

To contact the Resource Center, you can write, call via voice or TDD, or fax:

- 1331 F Street, NW, Suite 800
  Washington, DC 20004
- Voice (202) 783-2900
- TDD (202) 737-0645
- FAX (202) 628-3812

An Information Specialist will be available to assist you:

- Monday through Friday
- 9:00 am to 5:00 pm, EST

The **Resource Center on Substance Abuse Prevention and Disability** has also developed a set of fact sheets. Use this form to order these free fact sheets by checking the appropriate boxes and completing the information on the back.

- ❑ An Overview of Alcohol and Other Drug Abuse Prevention and Disability

- ❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Americans with Disabilities***

- ❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Attention Deficit Disorder***

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- ❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Learning Disabilities***

- ❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Mental Illness***

- ❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Mental Retardation***

- ❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Mobility Limitations***

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❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Disability and Enabling***

❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Disability and the Family***

❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Disability and Health Implications***

❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Service Delivery Settings***

❑ A Look at Alcohol and Other Drug Abuse Prevention and . . . ***Symptoms Checklist***

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